

New calendar year decals may be applied as of Dec. 1, but the current year decal must remain affixed until Dec. 31 of current year.

R

License Year

▶ 1.

RENEWAL APPLICATION FOR MICHIGAN IFTA FUEL TAX LICENSE

Issued under P.A. 119 of 1980, as amended.

Please read the instructions on the back before completing this application.
If your mailing address printed below is incorrect, line out the incorrect information and write in the correct information.

▶ 2. IFTA Account Number (See instructions)	
▶ 3. Account Number (See instructions)	
▶ 4. Social Security Number (See instructions)	
▶ 5. USDOT Number	▶ 6. IRP Number
7. Contact Person	
▶ 8. Business Telephone	
9. Home Telephone	
▶ 15a. Do you maintain bulk fuel storage in Michigan? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete question 17 below.	
15b. Do you have fuel bulk storage in other IFTA jurisdictions? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete question 17 below.	
If the nature of your business is such that you operate only a portion of the license year, please complete 16a and 16b below:	
16a. Do you operate only part of the license year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
16b. If Yes, what months: _____	
Office Use Only	

The Business is Physically Located at:			
▶ 10. Address (Number and Street or RR)			
▶ 11. City	▶ 12. State	▶ 13. ZIP	▶ 13a. Country
▶ 14. Type of Business Ownership (Check one only)			
<input type="checkbox"/> 1. Individual	<input type="checkbox"/> 2. Partnership	<input type="checkbox"/> 3. Corporation	
<input type="checkbox"/> 4. Limited Liability Partnership	<input type="checkbox"/> 5. Limited Liability Corp.		
<input type="checkbox"/> 6. Non-Profit	<input type="checkbox"/> 7. Government	<input type="checkbox"/> 8. Religious	
<input type="checkbox"/> 9. Other _____			

17. Bulk Storage Locations. List addresses below where you maintain bulk storage.

Street Address	City, State/Province	Capacity in gallons

▶ 18. Number of IFTA decal sets you will need for your "Qualifying Vehicles" (Please see instructions):..... ▶ _____
These decals are serialized and you are accountable for the numbers issued to your account. These decals are not transferable under penalty of law.

TERMS: The IFTA applicant agrees to comply with the timely reporting and payment of tax, record keeping, license display (copy in cab of each unit) and decal display requirements as specified in the International Fuel Tax Agreement. The applicant agrees to make their records available for audit in Michigan. If the applicant fails to do so, the applicant agrees to pay any costs incurred in obtaining and auditing their records. The applicant further agrees that Michigan may withhold any refunds due if the applicant is delinquent on payment of fuel taxes due any member jurisdiction. Failure to comply with these provisions shall be grounds for revocation of the license in all member jurisdictions.

The IFTA applicant further, specifically,

1. Agrees to maintain a record of fuel purchased and miles traveled within each jurisdiction by each vehicle, and
2. Agrees that Michigan may collect any delinquent taxes due under IFTA for IFTA member jurisdictions under authority of Michigan laws that provide for the collection of delinquent taxes.

All applicants agree, under penalty of perjury, that the information given on this application is, to the best of his/her knowledge, true, accurate, and complete.

This form must be signed by an owner, partner, or corporate officer listed above or by an authorized agent. If signed by an authorized agent, a properly completed POWER OF ATTORNEY AUTHORIZATION (form C-1029) must be attached to this application. A signature below indicates agreement to the above terms and other IFTA provisions.

Signature _____ Date _____

Print or Type Name and Title Here

Please allow 30 days for processing

Mail your application to:

**Customer Contact Division - Special Taxes
Michigan Department of Treasury
P.O. Box 30474
Lansing, MI 48909-7974**

If you have questions, contact the Motor Carrier Section by **phone** at (517) 636-4580 or by **fax** at (517) 636-4593. **Deaf or hearing impaired persons** should call (517) 636-4999 (TTY).

Complete all information for each owner, partner, member or corporate officer. Attach a separate list if necessary.

19. Name (Last, First, Middle, Jr./Sr./III, etc.)		Social Security Number		19. Name (Last, First, Middle, Jr./Sr./III, etc.)		Social Security Number	
Date of Birth	Driver License No./Michigan Identification	Home Telephone		Date of Birth	Driver License No./Michigan Identification	Home Telephone	
Business Title				Business Title			
Residence Address (Number, Street or RR)				Residence Address (Number, Street or RR)			
City, State, ZIP				City, State, ZIP			
19. Name (Last, First, Middle, Jr./Sr./III, etc.)		Social Security Number		19. Name (Last, First, Middle, Jr./Sr./III, etc.)		Social Security Number	
Date of Birth	Driver License No./Michigan Identification	Home Telephone		Date of Birth	Driver License No./Michigan Identification	Home Telephone	
Business Title				Business Title			
Residence Address (Number, Street or RR)				Residence Address (Number, Street or RR)			
City, State, ZIP				City, State, ZIP			

LINE-BY-LINE INSTRUCTIONS

Lines not listed here are explained on the form.

Line 1: If the license year is not preprinted, enter the year here.

Line 2: If your IFTA account number is not preprinted, enter the number here. This is normally your FEIN (Federal Employer Identification Number).

Line 3: If your account number is not preprinted or has changed, enter your federal employer identification number (FEIN) here. If you do not have an FEIN enter one of the following:

TR number issued by the Michigan Department of Treasury, or

ME number if you want to file separate tax reports for two or more locations and do not wish to file under the same account number for all locations.

Line 4: If you did not enter an FEIN on line 3 you must enter the Social Security number of a company officer, owner or partner.

Lines 7, 8 and 9: Enter the name, business telephone and home telephone numbers of an individual in your organization we may contact if necessary. This person should be an officer, owner, partner or a representative with Power of Attorney.

Line 17: Enter all locations where you maintain bulk storage and include capacity in gallons.

Line 18: Enter the number of IFTA decals sets you will need for your fleet. Each of your power units which operate in Michigan and at least one other IFTA jurisdiction will need a decal set. There is no charge for decal sets.

Each applicant must provide this information. Failure to provide the requested information will delay the processing of the application and the issuance of the license until such time as the information is received. Attach additional sheets if necessary.

Before you mail your application, review it carefully and make sure it is complete.

Note: If you have delinquent IFTA returns your application will not be processed until the delinquent returns are filed and all tax due is paid.